

NOV 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

38372

1. PLACE OF DEATH

County nodawayRegistration District No. 619Township atchisonPrimary Registration District No. 5821City Clearmont, Mo.(No. RP #1)File No. 38372Registered No. 38372St. Clearmont, Mo. Ward 1

2. FULL NAME

(a) Residence, No. William Grant Pruitt
(Usual place of abode) Clearmont, Mo. St. 1 Ward 1Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF George Alice Cleaver
(write name of)6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21, 18657. AGE YEARS 72 MONTHS — DAYS 15 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired 7 yrs.
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana13. NAME Jacob Pruitt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Allen Co. Ky15. MAIDEN NAME Mary Elizabeth Williams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Mr. Alpha E. Kuder
RP #1 Clearmont Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Clearmont Cemetery DATE Nov 8 193719. UNDERTAKER (ADDRESS) Prie Funeral Home
Marionville, Mo.20. FILED Nov. 8, 1937 Dr. B. Humphrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6 193722. I HEREBY CERTIFY, That I attended deceased from 11-6 1937 to 11-6 1937Husband is alive on 11-6 1937 Death is saidto have occurred on the date stated above, at 10:30 a.m.

The principal cause of death and related causes of importance were as follows:

Hemorrhage from self-inflicted wounds of neck Date of onset 11-6Other contributory causes of importance: carcinomatous, referable particularly toName of operation none Date of 11-6What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 11/6 1937Where did injury occur? near Clearmont, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury near end of throatNature of injury inflicted wounds, & hemorrhage24. Was disease or injury in any way related to occupation of deceased? noIf so, specify Chas. D. Humphrey M. D.(Signed) Chas. D. Humphrey M. D.(Address) Corner Rodaway Co. Mo.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH

(a) County Nodaway
(b) Township Atchison
(c) City

Registration District No. 1619
Primary Registration District No. 582-1

Registered No. _____

(e) Length of residence in city or town where death occurred

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS 72 MONTHS 0 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Nov 8, 1937 H. B. Humphrey Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 19____ to _____ 19____

I last saw h. _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. A. Humphrey M. D.

(Address) Coroner, Nodaway

